

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22902

**FILED**  
**May 02, 2013**  
**Secretary of State**  
**CC2978363772**

**Entity Name:** HAEMONETICS CORPORATION

**Current Principal Place of Business:**

400 WOOD ROAD  
BRAINTREE, MA 02184

**Current Mailing Address:**

400 WOOD ROAD  
BRAINTREE, MA 02184 US

**FEI Number:** 04-2882273

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name CONCANNON, BRIAN  
Address 400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

Title T  
Name LINDOP, CHRISTOPHER J  
Address 400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

Title D  
Name GRANADILLO, PEDRO P  
Address 7218 TORY LANE  
City-State-Zip: NAPLES FL 34108-8790

Title D  
Name BEST, LAWRENCE C  
Address OXO CAPITAL LLC  
City-State-Zip: WALTHAM MA 02451

Title D  
Name KROLL, MARK  
Address 801 TONKAWA ROAD  
City-State-Zip: CRYSTAL BAY MN 55323

Title S  
Name JESSE, SANDRA L  
Address 400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

Title DIRECTOR  
Name BARTLETT FOOTE, SUSAN  
Address 9 CROCUS HILL  
City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR  
Name GELBMAN, RONALD  
Address 459 MEADOW LARK DRIVE  
City-State-Zip: SARASOTA FL 34236

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA L. JESSE

**SECRETARY**

**05/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MERRIMAN, RONALD L  
Address 26 CORPORATE PLAZA  
SUITE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR  
Name MEELIA, RICHARD J  
Address 26 PATRICOT PLACE  
SUITE 104  
City-State-Zip: FOXBORO MA 02035

Title DIRECTOR  
Name BLACK, PAUL M  
Address 4101 WEST 57TH STREET  
City-State-Zip: FAIRWAY KS 66205

Title DIRECTOR  
Name ZANE, ELLEN  
Address 800 WASHINGTON STREET #451  
City-State-Zip: BOSTON MA 02111